

shoulders, and secured by winding it firmly around the projecting pin. The other tape is tightened in a like manner, crossing the other shoulder, and winding around the pin in an opposite direction, when, for security, the ends of the tapes are finally tied together.

By this arrangement is gained a very simple means of making powerful extension; a leverage power by which the dislocated phalanx may be made to follow the rounded surface of the opposite articulation; and a power of rotating it while extension is being made, so as to turn one of the small condyles of the luxated phalanx at a time, under the unyielding lateral ligaments of the joint.

If properly applied, without the slightest painful constriction of the finger or thumb, this apparatus is perfectly unyielding to any force applied in reduction, and it must break rather than slip from its hold.

The control thus given to the operator, with its ready preparation at an emergency from materials everywhere at hand, give the apparatus decided advantages over the simple traction of the "clove hitch," or the more expensive and complicated devices which have been used for the purpose.

ART. X.—*Case of Poisoning by Strychnia.* By H. L. GIVENS, M. D., of La Grange, Kentucky.

I WAS requested, on the evening of the 17th of September last, to see a young man on whom sentence of Court had just been pronounced for a misdemeanor. Being a man of cultivated intellect and very sensitive, and feeling deeply the stigma or disgrace the sentence entailed, he determined on self-destruction, and had just taken two ounces of tinct. opii. I found him labouring under considerable excitement and perturbation of mind, with a full, frequent pulse, and vomiting freely. As no coma or lethargy had supervened, I soon discovered that the frequent efforts at emesis, which I encouraged, would relieve him. I remained but a short time, and left him doing well.

In about an hour after, I was informed that he was suffering with violent convulsions or spasms. I immediately visited him, and found the muscles of the throat, neck, chest, and arms, in violent spasmodic action; while the inferior extremities remained in a passive, straight, and rather rigid condition. Knowing that the spasms did not result from the effects of the opium, I suspected from his symptoms that he had taken strychnia. In response to my inquiries whether he had or not, he gave an evasive answer, saying that he wished to die, and that nothing would save him now. But on pressing my inquiries, assuring him that I desired to make an effort to mitigate the violence of the pain and spasm, as there was little or no prospect of arresting the dis-

ease, he assented, stating that, immediately after ascertaining that the laudanum had failed to produce the effect he desired, he had swallowed two large pills of strychnia, which he had procured for the emergency. The case being urgent, and having some tartaric acid with me, I immediately gave two large draughts of it, in the interval of the spasm, with the view of neutralizing the strychnia, which was followed, so soon as they could be procured from the druggist, by tablespoonfuls, about every half hour, of aqua camphora, alternated with the preparation and doses, as per recipe of Orfila, of ether, ol. tereb., with sacch. alb., and aqua pura, taken at irregular intervals, as deglutition was attended with great difficulty, and the spasms violent for four or five hours, and of a tetanic character.

The intervals gradually grew longer, and, in seven or eight hours, entirely subsided, leaving him quite prostrated, with considerable distension and tenderness of the epigastrium, stricture and soreness of throat, and general muscular system. An aperient being clearly indicated, I ordered two ounces of castor oil, to which was added thirty drops of spirits of turpentine, which operated well.

The indications of gastro-enteritis gradually subsided. But the inflamed and abraded membrane of the throat was attended with hæmoptysis for three or four days, which gradually subsided under the use of frequent mucilaginous draughts of slippery elm, and, in less than a week, he had entirely convalesced, save a little soreness of throat and the general muscular system.

It will be proper to add here, that from subsequent inquiry, I learn from the patient that there was not less than ten or twelve grains of strychnia in the two pills he took; but the stomach being irritable, and vomiting occurring shortly after they were swallowed, the greater portion may have been ejected, though sufficient was retained to produce, for hours, violent convulsions like electric shocks passing through the chest, jerking the whole chest and body up so that the shoulders would strike and rebound; neck drawn, with constantly grappling of the same by his hands, indicating strangulation, or asphyxia; with the hollow of the feet in each of the inferior extremities drawn inward. During the whole of the spasms, the heart beat feebly, though regularly; eyes open with a vacant stare; pupils contracted; palpebra passive, or apparently paralyzed. When roused up from an apparent state of lethargy, the patient was perfectly conscious and sane, answering questions rationally when pressed to do so.

It is not my purpose, were I even prepared, to enter into a physiological dissertation as to the *modus operandi*, or the peculiar effects of strychnia on the human system, as to whether the poison impresses its pernicious effects by a direct action on the spinal cord through the capillaries, as maintained by Stilling and physiologists generally; or, as more recently contended by Professor Harley, of the University College, London, that the poison, to produce convulsions, must be first absorbed and conveyed to the spinal cord through the bloodvessels. Each position may be maintained. The first, in its primary effects, and the second, in its ultimate results; and this, in my

judgment, depends on the quantity taken, and the length of time it remains in contact with the delicate mucous coat of the throat and stomach.

If the quantity is large, its primary impression on the sensitive tissues produces, independent of absorption, violent tetanic convulsions through sympathetic action of the nervous tissues, which is followed speedily by the absorption of the virus of the excited and irritated absorbents of the part in contact with the poison, which, if not neutralized or removed by timely remedies, renders the case still more critical and hopeless, where the poison has passed through the circulating fluids.

How far the poison has been absorbed or taken in the circulating mass, in this case, it is difficult to decide; or, to what extent, if any, the remedies brought to bear in this case, jointly or separately, tended to conduct it to a favourable issue, remains for further inquiry and investigation—such cases being few and far between in this section, it being the first of the kind in which I have been called on to prescribe, in a regular practice of thirty years. Yet its rarity should not plead an apology for passing it by, especially as attention is now directed to the investigation of the nature and peculiar action of this poison on the human system, and to the endeavour to discover some prophylactic by which its otherwise fatal influence may be counteracted.

LA GRANGE, Ky., Oct. 15, 1856.

ART. XI.—*Rupture of the Uterus—Gastrotomy successfully performed.*
By JOHN H. BAYNE, M. D., of Prince Geo. County, Maryland.

ON the 25th day of June, 1856, I was requested to visit Christina, a servant woman, 25 years of age, robust constitution, who had been in labour two days with her fourth child. Midwife present during this time. Immediately after my arrival, I proceeded to make examination per vaginam. The os uteri was fully dilated, and the vertex of the head could be distinctly felt presenting very high up. Patient complained of having experienced some hours previously an excruciating pain in the epigastrium, accompanied with a peculiar tearing sensation. There was then an entire cessation of pain, and of all expulsive uterine efforts. Pulse 130 per minute. Difficulty of respiration, and prostration. She soon became comatose, with great tendency to collapse. The head of the foetus seemed to be rapidly receding, and in a very short time the entire contents of the uterus escaped into the peritoneal cavity. Child could now be very distinctly felt externally through the parietes of the abdomen, and appeared to be very high up, mechanically pressing against the diaphragm, which rendered the respiration still more laborious. Diagnosis was now easy. On again introducing my hand into the womb, I found an extensive laceration had taken place in the anterior portion of the